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CONFIRMATION NO. 3954

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/791,905	<b>FILING OR 371(c) DATE</b> 03/04/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 1488.115000P
<b>APPLICANTS</b> Yi Li, Sunnyvale, CA; Steven M. Ruben, Olney, MD;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/127,764 04/23/2002 which is a DIV of 09/502,783 02/11/2000 PAT 6,511,826 which is a CON of 09/195,662 11/18/1998 PAT 6,800,729 which is a CON of 08/466,343 06/06/1995 PAT 6,025,154 This application 10/791,905 is a CON of 09/339,912 06/25/1999 PAT 6,759,519 which is a DIV of 08/466,343 06/06/1995 PAT 6,025,154				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/27/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 9
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 28730				
<b>TITLE</b> Human G-protein chemokine receptor (CCR5) HDG NR10				
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	